

King Middle School
School Advisory Council
Application

Name: _____ Phone # _____
Address: _____ E-mail: _____
_____ Occupation: _____

I would like to serve on the KMS School Advisory Council as:

Please check one

() Parent Representative (must be parent/legal guardian of an enrolled student(s) at KMS)

Name of Student(s) First Name _____ Last Name _____

First Name _____ Last Name _____

First Name _____ Last Name _____

() Community Representative

Previous/Current community involvement: _____

In 50 words or less, please finish the sentence below.

I would like to serve on the KMS School Advisory Council because:

Please submit this application via Mail: KMS, 5928 Stewart St., Milton, FL 32570 ATTN: SAC
FAX : 850-983-5665
Email: McCaryR@santarosa.k12.fl.us